





DTSC Training Request- Vehicle Service and Repair P2 Training

Agency Name:			Date:		
Contact Name:			Phone: ()	
E-mail:					
Type of training reques	ted:	Business	Loca	al Agency	
Date and Time Request	ed:				
First Choice: Date/Day/Time		nd Choice: /Day/Time		Third Choice: Date/Day/Time	
Number of persons attending:					
Location of training:					
Training room seating capacity:					
To request training, Please FAX completed form to:					
Northern California, Ann Blake,		FAX: (510) 540-3891, Phone: (510) 540-3884 e-mail: ablake@dtsc.ca.gov			
Southern California, Evie Rayas,		FAX: (818) 551-2850, Phone: (818) 551-2936 e-mail: erayas@dtsc.ca.gov			
Nabil Yacoub,		FAX: (714) 484-5302, Phone: (714) 484-5389 e-mail: nyacoub1@dtsc.ca.gov			
For additional information, please contact the Pollution Prevention Technical Clearinghouse staff:					
Tyrone Smith phone: (916) 323- 0288 e-mail: <u>tsmith@dtsc.ca.gov</u>					

Natalie Marcanio phone: (916) 445- 2922 e-mail: nmarcani@dtsc.ca.gov